

**Bureau of Prisons
Health Services
History & Physical**

Inmate Name: MANCINI, MARIO FERBO	Sex: M	Reg #: 11007-041	
Date of Birth: 02/23/1972	Provider: Githens, M. MLP	Race: WHITE	
Encounter Date: 11/27/2009 13:33		Facility: TAL	

Seizures: Denied**Diabetes:** Denied**Cardiovascular:** Denied**CVA:** Denied**Hypertension:** Denied**Respiratory:** Denied**Sickle Cell Anemia:** Denied**Carcinoma/Lymphoma:** Denied**Allergies:**

<u>Allergy</u>	<u>Reaction</u>	<u>Date Noted</u>
Penicillin V Comments	Rash	11/12/2009

Tuberculosis:

When Last PPD: < 1 year
Last PPD Result: Negative
Hx of Previous Disease: No
Blood-tinged Sputum: No
Night Sweats: No
Weight Loss: No
Fever: No
Cough: No
Comments:

Infectious Disease Risk Factors:

IV Drug Use: No
IV Drug Use Needles:
Sexual Partner IV Drug Use: No
Sexual Partner IV Drug Use Needles:
Female Sexual Partners (Last 5 Yrs): None
Male Sexual Partners (Last 5 Yrs): None
Condom Use: Sometimes
Sexual Contact With HIV+ Individual: No
Blood Product Transfusion: No
Travel Outside US: No
Tattoos: Yes
Comments: tattoos from prison

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HIV History:**When Tested:** 2004**Test Result:** Negative**When Diagnosed AIDS:****Last CD4:****Comments:****Hepatitis:** Denied**Other Infectious Diseases:** Denied**Abuse History:** Denied**Physical:** No**Emotional:** No**Sexual:** No**Comments:** refuses to answer, states yes but "does not want to get into it."**Mental Health:****Level of Consciousness:** Alert and Oriented**Psychomotor Activity:** Normal**General Appearance:** Normal**Behavior:** Cooperative**Mood:** Appropriate to Content**Thought Process:** Goal Directed**Thought Content:** Normal**Hx of Mental Health Treatment:** Outpatient Only/Therapy Only**Hx of Head Injury:** With Sequelae**Current Mental Health Treatment:** Yes**Current Mental Health Complaint:** Yes**Hx of Loss of Consciousness:** No**Past History of Suicide Attempt:** No**Current Suicide Ideation:** No**Suicide Prevention Initiated:** No**Comments:** depression**Substance Use History:**

	<u>Last Used</u>	<u>Frequency</u>	<u>Route</u>	<u>Type</u>	<u>Amount</u>
Methamphetamine	> 5 years	> 1 X per week	Nasal		

Hx of Withdrawal Symptoms:**Comments:**

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Current Painful Condition:

Location: chronic neck pain, right 5th finger numb due to neck per patient

Other Health Issues:

Current Medical Conditions:

Other Current Treatments:

Pregnant: N/A

Dental Assessment: Denied

Observations:

Draining Skin Lesions: No

Signs of Lice: No

Signs of Scabies: No

Signs of Recent Trauma: No

Recent Tattoos: No

Needle Marks: No

Signs of Rash: No

Open Sores: No

Wounds: No

Body Deformities: No

Tremors: No

Sweating: No

Comments:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
11/27/2009	12:00 TAL	98.3	36.8	Oral	Githens, M. MLP

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
11/27/2009	12:00 TAL	80	Apical	Regular	Githens, M. MLP

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
11/27/2009	12:00 TAL	18	Githens, M. MLP

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
11/27/2009	12:00 TAL	111/68	Right Arm	Sitting	Adult-regular	Githens, M. MLP

Height:

<u>Date</u>	<u>Time</u>	<u>Inches</u>	<u>Cm</u>	<u>Provider</u>
11/27/2009	12:00 TAL	68.0	172.7	Githens, M. MLP

Weight:

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<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
11/27/2009	12:00	TAL	220.0	99.8	Githens, M. MLP

Prosthetic Devices/Equipment: Denied

Tobacco Usage: Denied

Immunization History:

Tetanus:

Td Series: Completed

Last Booster: 1999

MMR:

Series: Unknown

Last Booster:

Other Immunizations:

Hepatitis A Series: Unknown

Hepatitis B Series: Unknown

Varicella Series: Unknown

Small Pox: Unknown

Last Pneumovax:

Last Influenza:

Family History - Father:

Age at Death: 73

Cause of Death: lung cancer

Significant Illnesses:

Comments:

Family History - Mother:

Age at Death:

Cause of Death:

Significant Illnesses:

Hypertension

Comments:

Family History - Sibling:

Number of Siblings: 8

Significant Illnesses:

Comments:

ROS:

Musculoskeletal

General

Muscle Aches (yes), Neck Pain (yes), Stiffness (yes)

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ROS:**Head:****Normal:** Yes**Comments:****Eyes:****EOMI:** Yes**Icterus:**No**Conjunctival Inflammation:** No**Pupils PERRLA:** Yes**Pupil Size Rt:****Pupil Size Lt:****Pupils Comments:****Fundi Vessels Nicking:** No**Fundi Vessels Discs Flat:**Yes**Fundi Vessels Discs Sharp Margins:** Yes**Fundi Vessels Grounds Abnormal:** No**Eyes Comments:****Vision Screen** 11/30/2009 06:53**Blindness:****With Corrective**

Distance	OD: 200	OS: 200	OU:	OD:	OS	OU:
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Near Vision:	OD:	OS:	OU:	OD:	OS:	OU:
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Ishihara Color Test: Normal**Tonometry:** L: R:**Comments:****Ears:****Right Ear:** Canal patent**Left Ear:** Canal patent**Ears Comments:****Nose:****Nares Patent:** Yes**Septum Midline:**Yes**Septum Intact:** Yes**Drainage/Discharge:**No**Polyps:** No**Nose Comments:**

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Mouth**Lesions:** No**Oral/Buccal Mucosa:** Yes**Gums Normal:** Yes**Tonsils Present:** Yes**Tonsils Normal:** Yes**Pharynx:** Normal Color**Teeth Poor Dentition:** No**Teeth Count:** Mostly Present**Dentures:** No**Mouth Comments:****Cranial Nerves:****Intact II-XII:** Yes**Cranial Nerves Comments:****Neck:****Full ROM:** No**Masses/Nodes:** No**Trachea:** Midline**Thyroid:** Normal Size**Comments:** marked tenderness posterior cervical, straightening of cervical lordosis, holds neck stiffly**Breasts:****Normal:** Yes**Masses:** No**Tenderness:** No**Scars:** No**Dimpling:** No**Nipple Discharge:** No**Nipple Retraction:** No**Instructions for Self Breast Exam Given:** No**Comments:**

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Thorax:**Contour Normal:** Yes**Increased AP Diameter:** No**Asymmetrical Expansion:** No**Lungs Clear:** Yes**Wheezes:** No**Crackles:** No**Rhonchi:** No**Rales:** No**Accessory Muscle Use:** No**Comments:****Spine:****Deformity:** No**Full ROM:** Yes**Tenderness:** Yes**Comments:** diffuse tenderness along length of spine**Cardiovascular:****RRR:** Yes**Normal S1/S2:** Yes**Murmurs:** No**Carotid Bruits:** No**JVD:** No**Arteries:** Right Left**Radial:****Femoral:****Dorsalis Pedis:****Post. Tibialis:****Comments:**

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Abdomen:**Normal Contour:** Yes**Scaphoid:** No**Obese:** No**Gravid:** No**Hernias:** No**Bruits:** No**Masses:** No**Scars:** No**Tenderness:** No**Organomegaly:** No**Active Bowel Sounds:** Yes**Comments:****Extremities:****Nails Clubbing:** No**Nails Cyanosis:** No**Lower Extremity Edema - Right:** None**Lower Extremity Edema - Left:** None**Atrophy:** No**Amputations:** No**Other Deformities:** No**Varicosities:** No**Calf Tenderness:** No**Pulse Deficit:** No

Strength:	<u>Right</u>	<u>Left</u>
Arm:		
Leg:		
Full ROM:	<u>Right</u>	<u>Left</u>
Arm:	Yes	Yes
Leg:	Yes	Yes

Comments:

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Reflexes:

	<u>Right</u>	<u>Left</u>
Biceps:		
Patellar:		
Brachioradialis:		
Achilles:		
Sensation:		
Vibratory: Yes		
Light Touch: Yes		
Pin Prick: Yes		
Comments:		

GU:

Chaperoned By:

Rectum: Not Done**Comments:** deferred at patient's request**Male Genitalia: Not Done****Comments:** deferred at patient's request, self-examination reviewed with patient who expressed knowledge of procedure and importance of regular exams**Skin:**

Normal: Yes
Rash: No
Redness: No
Abnormal Pigmentation: No
Abnormal Lesions/Growths: No
Comments:

Lymphatics:**Adenopathy:** No**Comments:****Schedule:**

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>	<u>Priority</u>
PPD Administration	10/10/2010	Nurse	Normal

Potential Items For Follow-up:

Item
 Allergy - Penicillin V
 Tattoos

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Item

Current Mental Health Complaint
 Current Mental Health Treatment
 Substance Abuse History
 Current Painful Condition
 Neck - Full ROM
 Spine Tenderness
 Rectum Not Done
 Male Genitalia Not Done
 PPD Administration Not Performed

Cleared For Food Services: Yes**Health Problems Newly Identified During This Encounter:**

<u>Type</u>	<u>Health Problem</u>	<u>Status</u>
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New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Acetaminophen/Codeine 300/30 MG Tablets	11/27/2009 13:33	two tabs Orally -Two Times a Day PRN x 7 day(s) Pill Line Only -- for neck pain

Indication: Neuralgia neuritis, radiculitis, neuropathic pain**New Radiology Request Orders:**

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Spine / Cervical-4 View AP/Lat/Flex/Ext	One Time		12/03/2009	Routine

Specific reason(s) for request (Complaints and findings):

multiple year hx of chronic cervical pain and spasms

Other:

will forward information re: X-ray request to patient's designated facility (Marianna) in case he leaves here prior to having it completed.

Instructed inmate how to obtain medical, dental, and mental health care.

Copay Required:No **Cosign Required:** Yes**Telephone/Verbal Order:** No

Completed by Githens, M. MLP on 11/30/2009 07:05

Requested to be cosigned by Carbonell, Efren MD CD.

Cosign documentation will be displayed on the following page.